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## **SECTION 1: PROGRAM INTRODUCTION and OVERVIEW**

### **The Tuscaloosa VA Medical Center Optometry Residency Program in Hospital-Based Optometry**

**(2 Positions)**

**July 1<sup>st</sup> to June 30th**

**Affiliation: The University of Alabama at Birmingham School of Optometry**

The Tuscaloosa VA Medical Center (TVAMC) is located in West Alabama where it is situated on a beautiful 125 acre campus with 25 major buildings. TVAMC provides primary care, long-term health care and mental health care services to eligible veterans in the Veterans Integrated Service Network (VISN) 7. Comprehensive outpatient services, as well as access to secondary and tertiary care services, are also available to eligible veterans.

The optometry clinic at the Tuscaloosa Veterans Affairs Medical Center was established in 1978. The following year the clinic accepted its first resident in hospital-based optometry. The program was so successful that with the help of our affiliate, the University of Alabama at Birmingham School of Optometry (UABSO), a second position was created in 1980. The optometry clinic has experienced significant growth through the years, having grown from a clinic with a total of only three rooms, to a clinic which now contains seven exam rooms, two special procedures rooms, a preliminary testing area, staff office space, two health technician offices and a large waiting area. Our annual patient encounters currently average approximately 7500. This number of encounters affords each resident exposure to, and opportunities to interact with, quality patients. The Department of Veterans Affairs has also amended patient eligibility rules and its attitude toward delivering care, which now emphasizes preventive health care. These changes have been very beneficial for the optometry clinic in that it has provided opportunities for continued growth and increased the optometric education opportunities available at TVAMC.

The Tuscaloosa VAMC has 2 optometrists on staff. Optometrists provide primary eye care as well as manage chronic ocular diseases and ocular manifestations of systemic diseases. Each optometrist is a licensed practitioner, credentialed and privileged to practice full scope optometry, including the use of topical and oral medications. There are no ophthalmologists on staff at TVAMC, but do enjoy an excellent rapport with the Birmingham VAMC and with local private sector surgeons.

The TVAMC has a teaching program that trains fourth year optometry students from Illinois College of Optometry (ICO) and the University of Alabama at Birmingham School

of Optometry (UABSO). Currently, three students per quarter rotate through our program. Although our primary goal is to provide high quality eye care to our nation's veterans, our other emphasis is to provide a quality educational experience for our optometry residents and students. As the residency year progresses, residents who have demonstrated an established level of clinical competence are allowed to precept students under the guidance of the clinic staff. This affords additional opportunities for the resident's growth and educational experience.

Residents will perform routine eye examinations as well as be responsible for evaluating walk-in and emergency patients. Based on our patient demographics, residents will encounter a high percentage of patients with glaucoma, macular degeneration, diabetic retinopathy, inflammatory eye disease, vascular occlusive disease and varied ocular manifestations of systemic diseases. Residents have an opportunity to rotate through external clinical sites including a private retinal specialist and a regional optometry/ophthalmology referral center. This affords them the opportunity to observe and be involved in the delivery of pre and post operative surgical care, as well as exposes them to more complicated cases and procedures.

## **CLINIC STAFF**

### **L.R. Thompson, O.D., F.A.A.O.**

Dr. Thompson completed his residency training at TVAMC in 1984. In 1985, after a short time in private practice, he returned to the Medical Center to assume oversight of the optometry clinic and residency program. He continues to serve as clinic chief. Dr. Thompson can be reached at [Roy.Thompson@va.gov](mailto:Roy.Thompson@va.gov).

### **Nathan A. Whitaker, O.D., F.A.A.O.**

Dr. Whitaker completed his residency training at TVAMC in 1995. In July, 1996 he joined the optometry staff and assumed direct responsibilities over the ICO and UABSO student programs. He began serving as the residency supervisor in 2007. Dr. Whitaker can be reached at [Nathan.Whitaker@va.gov](mailto:Nathan.Whitaker@va.gov).

## **CONTACT INFORMATION:**

Medical Center Toll-Free Number	1-888-269-3045
Optometry Clinic Main Number	1-205-554-2847
Optometry Clinic Fax Number	1-205-554-4628

## **MAILING ADDRESS:**

Tuscaloosa Veteran's Affairs Medical Center  
Optometry Clinic (679/123)  
3701 East Loop Road  
Tuscaloosa, AL 35404

## **SECTION 2: PROGRAM MISSIONS, GOALS, AND OBJECTIVES**

### **OPTOMETRY RESIDENCY MISSION STATEMENT**

The mission of the Tuscaloosa Veterans Affairs Medical Center Optometry Clinic and the University of Alabama at Birmingham School of Optometry is to provide a unique post-doctoral experience in a multidisciplinary setting with the intent of nurturing each resident's development into exceptional optometric clinicians by broadening general skills, and mastering additional specialized skills through independent patient care while adhering to supervision guidelines.

### **OPTOMETRY RESIDENCY PROGRAM GOALS**

1. To solidify each resident's patient care skills.
2. To expand each resident's knowledge base by delivering care to patients with a wide variety of ocular and systemic diseases.
3. To provide residents the opportunity to interact with providers outside of optometry and to help them understand how a health care team operates in a multidisciplinary health care system.
4. To develop and improve the resident's scholarly activity skills including those required for the preparation and presentation of lectures and the process of manuscript preparation.
5. To equip residents with the necessary knowledge base and clinical skills for careers in specialty service or clinical teaching.

### **OPTOMETRY RESIDENCY PROGRAM OBJECTIVES**

1. Residents will have at least 1000 primary care patient encounters during the course of the year.
2. Residents will manage, within residency guidelines, patients exhibiting a variety of ocular diseases including, diabetic retinopathy, ARMD, cataracts, glaucoma, vein occlusions, and acute anterior segment disorders.
3. Residents will increase their knowledge of systemic disease by interacting with medical staff and by attending regularly scheduled medical continuing education lectures.
4. Residents will be exposed to patients with interesting and challenging conditions worthy of publication and each resident will submit a paper of publishable quality.
5. Each resident will attend regularly scheduled journal club meetings at The University of Alabama at Birmingham School of Optometry (UABSO) and act as the presenter. These meetings will be scheduled by the Director of Residency Programs at UABSO throughout the residency year.
6. Residents will rotate thru specialty clinics including a local retinal specialist and/or a regional referral center during the course of the residency year.
7. Each resident will present a lecture at the end of the residency year at UABSO on the topic chosen for their publishable article.
8. Each resident will present at least two cases during grand rounds at the Tuscaloosa VAMC Optometry Clinic, which occurs twice per year.
10. Residents will perform their own anterior and posterior segment photography.
11. Residents will become proficient in ordering and interpreting laboratory tests.

### **SECTION 3: CLINIC PROTOCOLS**

## 1. PROFESSIONAL EXPECTATIONS

- a. Veterans and their families must always be treated with compassion and courtesy. Each patient should be addressed by his or her last name, or by the title "Sir" or "Ma'am", when appropriate. Residents will be expected to conduct themselves as professionals, demonstrate an appreciation of patients' needs and avoid any conduct that might be regarded by patients and family members as rude, demeaning or otherwise unprofessional.
- b. The Tuscaloosa VAMC is a neuropsychiatric hospital and at times patients can become agitated and difficult to manage. If this occurs, attempt to calm the patient. If you feel uncomfortable with a situation, involve a staff member. We do not have to do everything in one visit and can easily reschedule appointments if needed.
- c. Patient privacy and the confidentiality of their medical information must be respected and guarded at all times. Patient objections to procedures and requests to decline procedures or treatment must be respected and the risks/benefits/alternatives presented and documented in the chart. Exercise care regarding conversations in public areas of the medical center (corridors, elevators, lobbies, dining rooms). Individual patients should never be discussed in a setting or a way that would permit their being identified by others. Items with patient specific information or open medical records should never be left in public areas where visitors or passers-by could access the information. Avoid joking references to patients. Clinical discussions in general are inappropriate in public areas.
- d. Remember that many veterans do not hear well, so speak plainly and enunciate when you introduce yourself to your patients.
- e. Any doctors should be addressed by their title and last name in the clinic or around patients. Students should be addressed by "Mr./Ms. [insert name here]" or "Intern/Student Doctor [insert name here]" in front of patients, and all staff should be treated with very cordial respect.
- f. Be punctual! The resident's tour of duty begins at 7:30m. It is your responsibility to prepare your room/equipment and review necessary records so

as to be prepared to start your first patient promptly at 7:30am. It is your responsibility to arrive as early as necessary to accomplish this.

- g. Please dress appropriately for clinic. Official name badges are a VA requirement and must be worn at all times when on station. Residents are not required to wear clinic jackets. Avoid blue jeans, open-toed shoes, shorts, excessively tight or low cut clothing, torn or stained clothing, etc. Your appearance should reflect professionalism. Any display of potentially controversial opinions or partisan political advertisements on clothing or carried items is prohibited. Eating or drinking in exam rooms or in front of patients is prohibited. These are VA regulations.
- h. The Tuscaloosa VA Medical Center is a smoke-free facility. Designated smoking areas are provided outside of buildings and away from doorway traffic.
- i. Treat VA equipment as if it were your own. Clean and cover your own equipment at the end of the day, and keep your work area free of debris and hazards. It is recommended that you do not bring your own equipment as the VA will not assume responsibility for lost or stolen articles. If a piece of equipment is not operating properly, please notify the staff as soon as possible so that we can arrange for timely repair.
- j. Limit incoming and outgoing personal calls. Emergency long distance calls, patient contacts, etc. are permissible. Cell phone usage is permitted, but must not interfere with the delivery of care or be used in the presence of patients.
- k. All patient notes will be entered electronically into the Computerized Patient Record System (CPRS). All charts are to be completed prior to your leaving the clinic each evening. Since there are other caregivers within the Medical Center reading our charts, spell things out in their entirety and keep abbreviations to a minimum. There is an approved and unapproved abbreviations list which is very extensive. However, considering the time it takes to see if an abbreviation is approved or not, it is easier to just completely spell out what you intend to convey in your note. Assessments and plans should never contain abbreviations.
- l. The television is for patients during tour of duty hours.
- m. Computers are located in each examination room. Be mindful that these are for official VA business. The use of thumb/flash drives and external media storage devices in conjunction with VA computers are strictly prohibited. It is imperative

that you lock your computer when you step away, no matter how brief your absence from the terminal. The VA Information Security Handbook can be reviewed at [http://www1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=56](http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=56). The Department of Veteran's Affairs National Rules of Behavior on the VA intranet can be accessed at online by visiting the following site: [http://vaww.va.gov/oaa/Archive/VA\\_Handbook\\_6500\\_appd\\_G.pdf](http://vaww.va.gov/oaa/Archive/VA_Handbook_6500_appd_G.pdf).

## **2. SCHEDULE (TOUR OF DUTY)**

- a. Normal Medical Center clinic hours are from 8:00am to 4:30pm Monday through Friday. The Optometry clinic begins seeing patients at 7:00 am. Residents begin at 7:30 am and end at 4:00 pm Monday, Tuesday, Thursday and Friday. Even though the tour of duty officially ends at 4:00 pm, the residents are expected to stay until all patients for the day are seen and notes for the day are completed.
- b. Each Wednesday morning, residents meet for the didactic component of the program at the affiliate (UABSO). Conference begins at 8:00 am and concludes around 12:00 pm. The afternoon is reserved for research and rotations through external sites such as a private practice retinal surgeon and a regional optometry/ophthalmology referral center.
- c. Lunch is from 12:00 to 1:00pm. The first afternoon patients are scheduled at 1:00pm and must be seen on time. If your morning patients extend beyond 12:00 pm, your lunch period will be shorter.
- d. The goal in our clinic is to see patients *on time*. Please be considerate of your patients' time. Remember, too, that many patients will have multiple appointments on the same day and we need to be sure that we are not at fault if they are late for an appointment scheduled after ours. If you are tied up and have a follow-up come in and see that you will be a while before getting to them, please advise the staff so that we can help maintain flow and ensure that we do not make your patient wait beyond their scheduled time. Sometimes doctors get backed up with an emergency or a difficult case and get behind. Please be mindful of other doctors in the clinic. If you are ahead of schedule, or if you notice that another clinician is behind schedule, you may offer to help out. If you need help, please ask for it.



### 3. CLINIC RESPONSIBILITIES

- a. **Patient Care.** Patient care is priority and our goal is for you to be able to perform thorough and efficient eye examinations. When in doubt about testing, please ask an attending to recheck your findings prior to dilation. Although ancillary testing (such as visual fields, OCTs, and photography) are at times provided by the technician staff members, residents are encouraged to perform their own appropriate ancillary testing when time is available.
- b. **Maintenance.** Residents should inform an attending promptly if equipment is not working correctly. It is important to keep all equipment and instruments operational to avoid patient flow problems. You are responsible for keeping your room well stocked with drops, hand sanitizer, swabs, etc. If any supplies run low, please notify staff so that it may be replaced promptly. If stock, equipment, or supplies are borrowed from another exam room, those should be replaced or replenished as soon as possible.
- c. **Office Duties.** Medical center policy requires that all notes be electronically signed within 24 hours. Our policy is that you complete all your notes prior to leaving for the day. If possible, your attending will appreciate you signing them as you go along during the day, since the 24 hour rule applies to your cosigner as well.

### 4. CURRICULUM

On Wednesday mornings, residents are engaged in the didactic portion of the program at UABSO. Conference begins at 8:00 am and concludes around 12:00 pm. The conference schedule for the year will be distributed on the first Wednesday meeting of the year. The residency curriculum at TVAMC is multifaceted and includes direct clinical care and instruction, a didactic component, and scholarly activities.

#### **Clinical Care**

- 1. Residents will be involved in direct patient care on Monday, Tuesday, Thursday and Friday at TVAMC, providing eye care for patients with a wide variety of ocular and systemic diseases.

2. Residents will perform advanced diagnostic testing including automated perimetry, pachymetry, optical coherence tomography (OCT), fluorescein angiography, ocular photography, etc.
3. Residents will become proficient in the use of the computerized patient records systems (CPRS). Residents will use these electronic applications to place medication, laboratory and radiology orders. They will also use CPRS to review and interpret test findings, as well as communicate with and coordinate care with other disciplines within the medical center.
4. Residents will rotate through external sites on Wednesday afternoons to interact with general ophthalmologists, retinal specialists and ophthalmic sub-specialties at a regional optometry/ophthalmology referral center.
5. Residents will assist in the training of fourth year optometry students.

### **Didactic Component**

1. Residents are required to attend weekly optometry conferences on Wednesday mornings at the affiliate UABSO.
2. Residents will have the opportunity to attend medical staff continuing education offered by the medical center.
3. Residents will attend local, weekend, continuing education courses sponsored by the affiliate during the residency year.
4. Residents will be granted authorized absence to attend one national educational meeting of their choosing during the year, such as the annual American Academy of Optometry (AAO) meeting, the American Optometric Association Congress (AOA), or the Southern Council of Optometrists (SECO).

### **Scholarly Activities**

1. Residents will be required to prepare and present cases in a lecture format to clinic staff, optometry students, visiting residents and faculty twice a year when TVAMC hosts Clinical Grand Rounds.
2. Residents will be encouraged to present a poster at one of the national educational meetings during the year, such as the annual American Academy of Optometry (AAO) meeting, the American Optometric Association Congress (AOA), or the Southern Council of Optometrists (SECO).
3. Residents will be required to prepare and submit a paper of publishable quality consisting of original research, a case review, or literature review.
4. Residents will be required to prepare and present a 20 minute lecture at the conclusion of the residency year to fellow residents and faculty at the affiliate, UABSO.

## 5. OPTOMETRY RESIDENCY SUPERVISION GUIDELINES

Commensurate with The Department of Veterans Affairs Residency Supervision Guidelines, all residents who are trained in the VA system must be supervised by an attending staff doctor who is physically present in their respective clinics. Residents are responsible for performing examinations, completing the electronic records and collaborating with their attending clinic staff for each patient. Graduated levels of supervision are granted during the course of the residency year as staff doctors become more familiar with and confident in a resident's clinical and case management skills. In each instance, the attending with whom the resident worked will co-sign each patient note.

The TVAMC has developed three levels of supervision. The clinic staff will make a final determination on the level of supervision based on the individual competency of each resident.

- Level 1** This represents the entry level for all residents. At this level, residents will perform a complete ocular examination of their patient and formulate differential diagnoses and management strategies. The attending doctor will verify the resident's findings to ensure the accuracy of the diagnosis and treatment plan. It is anticipated that each resident will be prepared to progress to the 2<sup>nd</sup> level of supervision after one month of interaction with patients and the attending doctors.
- Level 2** This level of supervision permits residents to discuss routine cases without the physical examination of every patient by the attending staff. More complex cases will require the staff to physically examine the patient. Procedures such as foreign body removal will be performed with the attending present. It is anticipated that each resident will be prepared to progress to the 3<sup>rd</sup> level of supervision by the time of the 1<sup>st</sup> quarter resident review.
- Level 3** This level of supervision permits residents to rotate outside into external sites, deliver nursing home care, and supervise 4<sup>th</sup> year students. All cases will continue to be reviewed and cosigned by the staff attending. Advanced procedures, such as fluorescein angiography, will continue to be conducted with the attending present.

## **6. EVALUATIONS**

Resident evaluation is an ongoing process as the staff is intimately involved in the delivery of care with the residents. Patient care and management is also assessed with the review and co-signature of each resident note by an attending. Residents will receive quarterly evaluations from the residency program supervisor, and will in turn be asked to evaluate the program and staff twice a year. These evaluations allow us to ensure that the quality of the program is maintained and serves to offer guidance for program improvement. When applicable, residents will evaluate external rotations and encouraged to offer recommendations that they feel might improve the educational experience. A verbal interview with the Director of the Residency Program at UABSO will occur twice a year with each resident.

## **7. PRIVILEGES**

Residents are required to have a license to practice optometry from one of the fifty states. Residents are not granted independent clinical privileges at the VA Medical Center, and thus practice under the privileges of the attending staff optometrists. As a resident gains experience, he or she will be granted more independence. However, when performing more advanced procedures, each resident will consult an attending. Residents will be able to order medications, imaging, laboratory results, and consults through the VA computer system.

Liability protection is afforded to each resident by the Federal Tort Claims Act. This coverage is only valid while the resident is practicing at the Tuscaloosa VA Medical Center performing exams on veteran patients of the medical center, and does not cover any activities not directly related to the residency. Be mindful that there are also stipulations for conditions under which the Federal Tort Claims Act (and most any professional liability insurance) would not cover an optometrist or physician, *i.e.* displaying gross negligence.

## **8. SALARY AND BENEFITS**

Salary for residents is established by the Office of Academic Affairs, VA Central Office. Pay periods are separated into 2-week intervals for a total of 26 within a given year. Pay periods always begin on a Sunday and end on a Saturday, and pay will be direct deposited into your bank account on Fridays. Residents are also entitled to health and life insurance through the VA.

## **9. LEAVE**

Each resident is entitled to 13 days of annual leave and additional authorized absence for professional activities. The annual leave is accrued at the rate of 4 hours per pay period. Annual leave may be used for vacation, personal or family emergencies, interviews, etc. Leave is on a first come, first serve basis and must be approved by the Residency Supervisor and should ideally be sought as far in advance as possible so as to make necessary adjustments to the schedule. A calendar is provided in the main office for all clinic personnel to place their name beside the day they are requesting to have off. Leave is granted only if there are enough clinicians available to staff the clinic.

Authorized absences are granted when the resident is involved with professional activities that are considered VA business. The days approved for "authorized absence" do not deduct from either "annual leave" (vacation) or "sick leave." Annual optometry conferences are an example of this type of professional activity. Conferences generally take place during the week and may interfere with clinic operating hours. Therefore, we normally approve only one such absence/meeting per resident, per year. All authorized absence must be approved by the Residency Supervisor.

Each resident is also entitled to sick leave during the course of the year. Four hours of sick leave is accrued each pay period and is to be used for illness or a healthcare appointment which cannot be scheduled outside of clinic hours. If ill, the resident should contact an attending as soon as he/she realizes that he/she will not be able to come to work.

## **10. GOVERNMENT HOLIDAYS**

Clinics are not scheduled for the following federal holidays. These are paid federal holidays, and will be marked on official government calendars in red. Residents are not expected to be in clinic on these days:

- a. July 4<sup>th</sup>
- b. Labor Day
- c. Columbus Day
- d. Veterans Day
- e. Thanksgiving Day
- f. Christmas Day
- g. New Year's Day
- h. Martin Luther King's Birthday
- i. President's Day
- j. Memorial Day

## 11. CLINIC FACILITIES

The Tuscaloosa VAMC has been assigned a generous amount of space that is completely dedicated to the optometry clinic. The clinic is located on a wing of the Medical Center in the basement of Building 1.

### **Clinic Space**

- 3000 sq. ft.
- 7 Examination Rooms
- 2 Special Procedures Room
- Administration/Health Technician Office
- Waiting Room
- Coordinator/Staff office

### **Equipment**

- Eye/Vision Examination Rooms: All Fully-Equipped
- Chair and Stand
- Phoropter
- Trial Lens Set
- Projection Chart
- Slit Lamp
- Binocular Indirect Ophthalmoscope
- Direct Ophthalmoscope
- Retinoscope
- Transilluminator
- Assorted Examination Lenses
- Numerous Diagnostic Accessories:
- Humphrey700 Visual Field Analyzer
- Hand-Held Biomicroscope
- Perkins Hand-Held Tonometers
- Digital Retinal Camera
- Hand-Held Retinal Camera
- PAM
- Slit-Lamp Teaching Tube
- Computer Work Stations (Every Room)

### **Staffing**

Chief, Optometry Clinic	Full-time
Staff Optometrist	Full-time
2 Health Technicians	Full-time
3 Optometry Students	Full-time
2 Optometry Residents	Full-time
1 Clerk	Full-time

### **Patient Load**

The optometry patient care volume has steadily grown as eligibility for VA care has been relaxed. Currently, the eye clinic provides eye care for over 16,000 veterans. The optometry clinic has been very busy in the preventive health care movement within the TVAMC. With this involvement, our continued growth is ensured.

## **12. EDUCATIONAL RESOURCES**

The TVAMC optometry department retains and makes available to residents the following educational materials:

*The American Journal of Ophthalmology*

*Survey of Ophthalmology*

*OPTOMETRY: Journal of the American Optometric Association*

*Review of Optometry*

Additional on-line resources are available at each computerized workstation and include the VISN 7 library with access to applications such as Med-Line and Pub-Med. Other resources are available through the Medical Center library and Lister Hill library associated with the affiliate UABSO.

## **13. EMPLOYEE HEALTH**

The employee health nurses or doctors are available to all employees, residents and students during clinic hours for minor illnesses and injuries in order that the employees may remain on duty. Office hours are Monday through Friday from 8:00am to 4:30pm. More severe diagnoses should be referred to the employee or student's private physician.

## **14. WORKMEN'S COMPENSATION**

All residents that have been processed as an employee are covered by Workmen's Compensation for any illnesses or injuries incurred during the performance of their duties. If a resident is injured or suffers a job-related injury while on duty they are advised to seek immediate medical attention through the employee health clinic. The resident must report the episode to their service chief within 24 hours so that appropriate forms can be completed.

## **15. GRIEVANCE PROCEDURES**

A grievance is a specific complaint by a resident that the established policies and procedures pertaining to employment conditions and disciplinary actions are not being properly applied in their situation. This does not represent a minor irritation that can and should be tolerated, and it is not a complaint that the established benefits, policies, or procedures are unsatisfactory. This process is available to all full-time residents that are paid by the Medical Center.

Any employee feeling that they have been unfairly treated may file a grievance and can expect to receive a timely response. When possible, resolution of the complaint at a level as close to the source of the problem as possible should be attempted. Staff are always available for advise, discussion, and consultation on such matters. If it is such that the resident feels that they cannot discuss the problem with their first-level supervisor, they can take the grievance to the next higher supervisory level.

Grievances should be initiated and discussed within the first 15 days after the incident with the first-line supervisor. The grievance and the desired corrective action should be carefully presented and discussed. If unresolved through the first-line supervisor, the resident is advised to take the grievance to the next level until the Chief of Staff gives consideration to the case. The Chief of Staff has five days to respond. If resolution is unsuccessful with the Chief of Staff, the Medical Center Director is asked to provide a ruling. He has fifteen calendar days to respond and this decision is final. No further appeal action is then available to the individual issuing the complaint.

## **16. TERMINATION POLICY**

Residents are expected to abide by the Department of Veterans Affairs regulations and policies so that the highest standards of conduct, honesty, integrity, impartiality, and ethical behavior are maintained at all times. Prompt action is taken by the Optometry Chief and reviewed by the Chief of Staff when there is a violation of these standards.

Action against a resident may include closer supervision, counseling, formal written censure, or dismissal based on the severity of the infraction. Progressive discipline may be used for repeated minor violations and eventually result in dismissal from the program. In all cases, residents are given a summary of the charges and an opportunity to respond. If the resident feels that the action taken by the Optometry Chief is inappropriate, then a review by the Chief of Staff may be requested. This has to be a request given in writing listing the



specific reasons the resident feels that the action against them is unjust. This must be filed within seven days of the resident having been notified of an action against them. This and other pertinent information will be reviewed by the Chief of Staff who will offer a final decision which will be forwarded to the resident in writing.

## **17. EMPLOYEE CLEARANCE**

At the end of the year the resident is required to complete an "Employees Clearance from Indebtedness", Form 3248. This is available from the service chief. During the clearance procedure, residents are required to complete all medical records and surrender all Medical Center property such as keys, uniforms, and photo-identification badges. Final paychecks are not released until this procedure is completed.

## **SECTION 4: FACILITY SAFETY POLICIES**

### **1. CLINIC SAFETY**

All employees within the eye clinic work toward the safety of veterans, visitors, other staff and themselves. All equipment within the medical center is checked annually by bio-med staff to ensure safe working conditions, but equipment can still fail from time-to-time. If any equipment is noted to be in poor working condition, it should be reported to the resident supervisor or the Chief of Optometry. Any floor debris should be picked up and placed in a trash receptacle immediately as well.

Falls and injuries can be a problem with an elderly population, and the VA considers prevention of falls a major priority. If a recognizable liquid (such as water or coffee) is spilled on the floor in a small amount, it should be wiped up immediately so that no one may slip or fall. If the liquid makeup is unknown, it should be reported to the resident supervisor or the Chief of Optometry so that arrangements may be made for clean-up. Likewise, large spills, or bodily fluids (urine, feces, blood) will need to be reported so that it may be cleaned properly.

When a patient is getting in or out of a wheelchair, the provider should stay by the side of that patient to assist and prevent falls. If the resident feels that he or she is unable to assist the patient for some reason, they should ask for help from another staff member. Likewise, the resident is expected to offer to help others if they appear to have difficulty assisting a veteran.

Courtesy and safety are key, and any act, large or small, that may contribute to the safety of others (or self) within the medical center is appreciated.

## 2. FIRE SAFETY

The medical center has an alarm and firelight system in place which identifies the specific area within the facility that is affected. In the event of a fire in our area, an announcement indicating that Building 1 is involved will come across the intercom system. Our clinic evacuate through the sliding glass doors entering the large waiting room and patients and staff proceed to the flagpole until the “all-clear” announcement is heard.

The Tuscaloosa VA Medical Center employs the “RACE” system as a mnemonic to remember what to do (in the proper order) in case of a fire in your local area.

- **R**escue any patients, visitors, staff or persons in the area and **R**emove them from immediate threat
- **A**larm—pull the fire alarm
- **C**ontain the fire as well as possible (fire doors should be closed in the immediate area)
- **E**xtinguish and evacuate—the fire extinguisher for the eye clinic is located in the staff office. This is to be attempted *only* in the case of a small local fire, and in no way does this imply that any resident or employee should take risks with their own safety. All persons and patients should be evacuated from the area immediately, with exam lane and clinic doors shut as each area is evacuated.

The mnemonic for the proper use of a fire extinguisher is “PASS”:

- **P**ull the pin
- **A**im the nozzle toward the base of the fire
- **S**queeze the trigger
- **S**weep the nozzle back in forth in a fluid motion aimed at the base of the fire

## 3. INFECTION CONTROL

A sharps container is located in the special procedures room on the wall behind the digital retinal camera. Any used sharps must be placed in this container. There is a biological waste disposal unit on the floor beneath the sharps container should be used **ONLY** for appropriate biological materials as these should not be placed in the normal waste system. Residents are responsible for making sure that equipment within their exam lanes are cleaned between patients, and any sharps or biological waste should be placed in appropriate receptacles between patients as well.

Gloves and masks are available to any clinician or staff members, and are kept and stored in the health technician’s room. Residents are expected to keep their

exam lanes well stocked with infection control barriers. Masks, gloves and anti-bacterial hand gel are also available to patients and visitors and are located on walls throughout the facility. If a patient is coughing or appears ill, they are encouraged to use the infection control barriers.

All exam lanes have sinks and are stocked with anti-bacterial soaps and/or hand gel. Each clinician is expected to use some form of hand cleansing agent (hand gel or washing with soap) between *every* patient encounter.

The TVAMC has a procedure in place for tonometer tip sanitization. Each morning and afternoon, sanitary tonometer tips are brought to the clinic and used tips picked up. We have purchased enough tips so that you can replace a used tip with a clean one after each use. Please remember that these are NOT disposable tips. Used tips are placed in a basin in the health technician's office so that these can be picked-up during the day.

#### 4. HAZARDOUS MATERIALS (MSDS)

All Materials Safety Data Sheets (MSDS) for hazardous material used at the Tuscaloosa VAMC are maintained in the health technician's office.

#### 5. EMERGENCY ALARMS

There are several voiced Emergency Code announcements that may be made over the VA paging system. They are decoded as follows:

- Code **Red = Fire** (accompanied by a bell alarm and flashing light system)
- Code **Blue = Medical/Clinical Emergency**
- Code **Black = Bomb Threat**
- Code **Green = Disaster**
- Code **Yellow = Missing Person**

In the event of a medical emergency, residents or staff would call extension "3604", enter team number "0020" and calmly indicate the nature of the medical emergency and your location (optometry clinic) three times. Physicians and nurses will immediately be dispatched to the area. If CPR is necessary, this should be initiated.

All phones are labeled with numbers to call in case of an emergency:

Emergency	Number to Call
Police	2685
Fire	2297
Code Blue	3604, Team 0020

## SECTION 5. MISCELLANEOUS INFORMATION

### 1. State Vision Requirements (Alabama and Mississippi)

#### Alabama

Drivers' visual capabilities are assessed upon original licensure, and then again, only if they are referred to the Department of Transportation for re-examination. Renewal drivers do not undergo vision screening. **Visual standards for licensing are 20/40 acuity with both eyes and a horizontal temporal field of at least 110 degrees from the center. Original applicants and re-examination drivers who have uncorrected visual acuity of less than 20/40 in each eye, but at least 20/50 in one eye and/or a visual field of less than 100 degrees are referred to a vision specialist for examination and an advisory recommendation. The person will also complete a driving evaluation, and may be restricted to driving with outside mirrors or driving during daylight hours. Drivers who do not have a visual acuity of at least 20/60 or better in at least one eye, as assessed by a vision specialist will not be licensed to drive. Note the attached visual requirements chart.**

#### Mississippi

First-time applicants (but not renewal applicants) are required to have their vision screened before being licensed to drive. **The department's vision standard is 20/40 acuity or better with both eyes, with or without corrective lenses, and horizontal visual field of 140 degrees (binocularly) or 70 degrees temporal and 35 degrees nasal (monocularly). If corrective lenses are required to pass the test, then drivers will be licensed with a corrective lenses restriction. Drivers with 20/40 acuity or better in one eye, with or without corrective lenses, but blind in the other will be restricted to driving with an outside side-view mirror and corrective lenses if used to pass the test.** Drivers who cannot meet the department's standards are referred to their vision specialist, who must complete a vision statement form. The vision form requires acuity and field of vision measurements, and the eye-care specialist is asked to check all applicable items from the following list: present vision is adequate for safe driving; the applicant should drive only while wearing bioptic telescopic lenses; driving should be limited to daylight driving only; because of progressive defect, the applicant should be visually reexamined in 12 months; applicant falls within bioptic telescopic lens requirements; the applicant should not be licensed to drive. Because Mississippi does not implement periodic medical/visual reporting requirements, an applicant for whom the eye care specialist recommended a 12-month re-evaluation would actually receive a restriction requiring vision testing at renewal. Based on the eye care specialist's report, **a driver with 20/50 to**

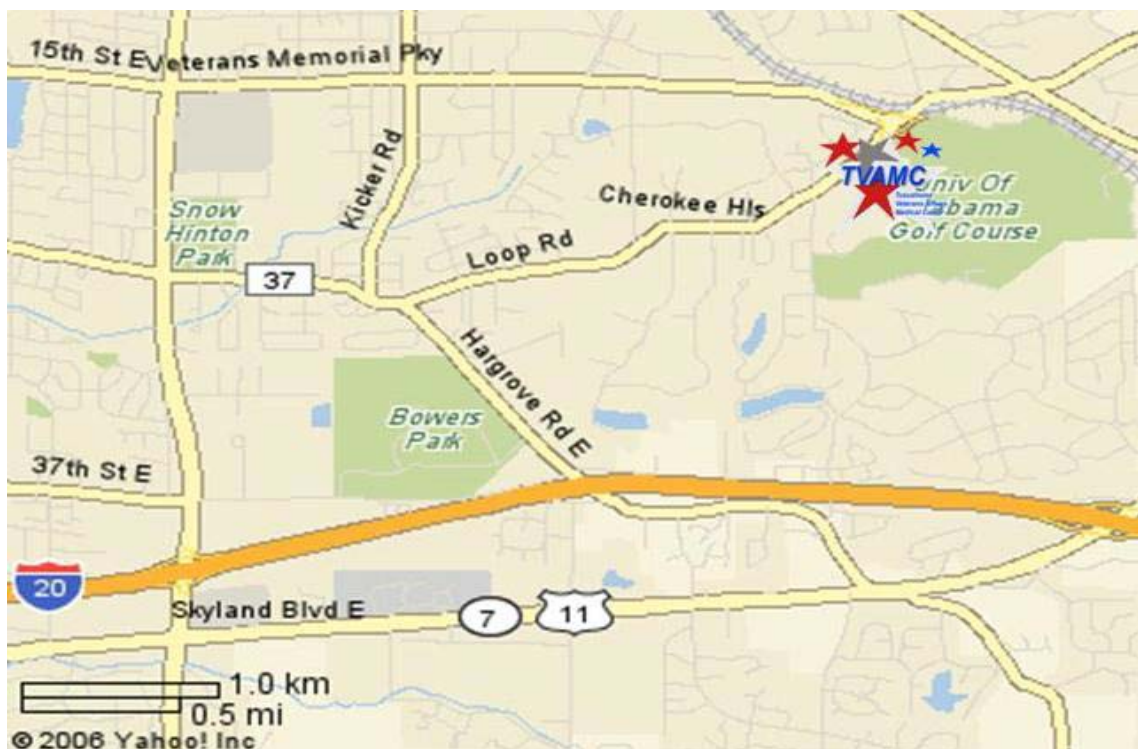
**20/70 acuity or better with both eyes will be restricted to driving with corrective lenses and during daylight only. Drivers with 20/70 or better in both eyes, but for whom correction will not improve vision, will be restricted to daylight driving and speeds of 45 mi/hr or less. Applicants with 20/50 or better in one eye and 20/60 to permanently blind in the other eye with or without corrective lenses (and without progressive malfunction) will have corrective lenses, daylight, 45 mi/hr, and re-examination-before-renewal restrictions imposed on their licenses. Applicants who fail the eye care specialist's depth perception test are restricted to 45 mi/hr speeds. Applicants who do not have a horizontal visual field of at least 70 degrees temporal and 35 degrees nasal in at least one eye are not qualified to drive in Mississippi.**

Applicants with vision worse than 20/70, up to 20/200, may be eligible to use bioptic telescopic lenses. Drivers may apply to drive with bioptic telescopic lenses, and if licensed, must submit an updated optometrist or ophthalmologist report at each renewal. Applicants must have a visual acuity of at least 20/200 in the better eye with the best conventional non-telescopic corrective lens, and must have at least 20/50 acuity through the bioptic telescopic lens. The power of the lens may not exceed 4x. The applicant's horizontal visual field diameter must be no less than 105 degrees without the use of field expanders. There may be no condition relative to the skeletal, neurological, muscular, and/or cervical spine system(s) that could prevent normal movement of the head and/or eyes. Prior to the driving skills test, the applicant must present certification of having successfully completed a vision rehabilitation program in the use of the bioptic telescopic device (from a licensed ophthalmologist or optometrist), and certification of having completed a certified driver education course consisting of a minimum of 6 hours of actual behind-the-wheel training, completed while using the bioptic telescopic lens.

## **2. Tuscaloosa Information**

### **Driving Directions**

From 1-20/I-59: Take exit 73 onto McFarland Boulevard (Hwy 82) heading north. Drive approximately 2 miles until you reach Veterans Memorial Parkway (15th Street ). Take a right at the light onto Veterans Memorial Parkway (adjacent to University Mall) heading east. Drive approximately 3 miles until you reach the exit lane on your right which will put you onto Loop Road. Take a right onto Loop Road. The main entrance to the Medical Center will be immediately on your left.



### Public Transportation

The Tuscaloosa Transit Authority also provides public transportation via bus to and from the medical center. A city bus arrives and departs the medical center at the bus stop located in front of Building 1 at approximately 20 minutes past the hour from 5 a.m. to 5 p.m. Monday thru Friday.

### Parking

The medical center has numerous parking lots adjacent to all major buildings for your convenience. There is also specially designated parking spaces available for patients/visitors, handicapped patients/visitors, and volunteers.

### 3. Useful Websites

Tuscaloosa VA Medical Center: [www.tuscaloosa.va.gov](http://www.tuscaloosa.va.gov)

Veteran's Affairs Home Website: [www.va.gov](http://www.va.gov)

University of Alabama at Birmingham School of Optometry: [www.uab.edu/optometry](http://www.uab.edu/optometry)

Tuscaloosa Chamber of Commerce: [www.tuscaloosachamber.com](http://www.tuscaloosachamber.com)